

Oklahoma State University - Oklahoma City
Office of Safety and Security

Incident Report # (If applicable): _____

Statement # (If applicable): _____

Complainant/Witness Statement

PLEASE PRINT THE FOLLOWING INFORMATION:

STATEMENT OF (Last, First, Middle Name)

CWID

D.O.B. (month/day/year)

ADDRESS

PHONE

LOCATION OF INCIDENT

DATE AND TIME OF INCIDENT

I certify that the above statement is true to the best of my knowledge and recollection. I have provided the following statement to OSU-OKC Office of Safety and Security on my own volition and was not coerced in any form to give a biased statement.

SIGNATURE OF PERSON GIVING STATEMENT

DATE _____

* Use additional sheet of paper if necessary

* Original form must be submitted to the Office of Safety and Security

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